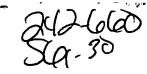


Washington, D.C. 20231





MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections-or use Block 1)

Complete and mail this form, together with applicable fees, to:

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing

IANDIORIO & 260 BEAR HIL	PFM31/0330		the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.			
WALTHAM MA C	2154			Leslie Ran	105	(Depositor's name)
	X			Kestle	Kant	(Signature)
				0-10	.98	(Date)
APPLICATION NO.	FILING DATE	TOTAL CLAIMS		EXAMINER AND GROU	P ART UNIT	DATE MAILED :
08/813,708	03/07/97	013 TR	ETTEL,	М	3633	03/30798
First Named VAN STEENE Applicant	URG,	KIP				
MTLEOF LEG HOLDER SY NVENTION_ITHOTOMY DIM	STEM FOR SIMU ENSIONS	JLTANEOUS P	OSITION	NING IN THE	ABDUCTION	AND
ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO. AP	PLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3 XX-VS14J	005-648.0)00 C30	UTILIT	TY YES	\$660.00	06/30/98
Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 4a. The following fees are enclosed (make check payable to Commissioner						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitue for filing an assignment. (A) NAME OF ASSIGNEE Amatech Corporation				of Patents and Trademarks): Issue Fee Advance Order - # of Copies 10		
(B) RESIDENCE: (CITY & STATE OR COUNTRY)				4b. The following fees or deficiency in these fees should be charged to:		
Acton, MA				DEPOSIT ACCOUNT NUMBER 09-0002 (ENCLOSE AN EXTRA COPY OF THIS FORM)		
Please check the appropriate assignee category indicated below (will not be printed on the patent) individual Corporation or other private group entity government				Issue Fee Advance Order - # of Copies 10		
The COMMISSIONER OF RATENTS A	ND TRADEMARKS IS reques	sted to apply the Issue Fe	e to the applic	ation identified above.		
(Authorized Signature)		(Date) 6-10	1-97	90 0		
NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.				13708	90 . 05	
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231				00000059 08813708		

ASEAFORT

of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection